

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-022300

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5252

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

FILED MAY 27 1963

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE b. COUNTYc. CITY  
OR  
TOWNInside Limits  
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTIONInside Limits  
Yes ☐ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

4. DATE  
OF  
DEATH

Month

Day

Year

5. SEX

6. COLOR OR RACE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

10. IF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes ☐ No ☒ unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Traumatic External Hemorrhage; Contrib:Penetrating Stab wound of the neck, perforating theentire jugular vein; suffered when stabbed with knife inhands of one 'OLIVER' in store at 3505 Easton Ave.,about 7:15 P.M., May 13th 1963.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)Homicide982xPART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See Above20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

7:155-13-6320d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)Store

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St. Louis, Missouri

21. I attended the deceased from

to

and last saw her

him alive on

Death occurred at

7:33 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or print)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Removal 20 May 63  
Greenwood  
St. Louis, Mo  
Reliable Funeral Svs 1389 UnionMAY 16 1963Loal Smith. M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4441

P. O. Address 1389

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.